



# County of San Diego

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TO: Behavioral Health Advisory Board (BHAB)

FROM: Alfredo Aguirre, LCSW, Director  
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## **BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – DECEMBER 2016**

### **I. ACTION ITEM: AUTHORIZATION TO PROCURE SERVICES FOR WHOLE PERSON WELLNESS PILOT (BOARD LETTER)**

Through a series of prior actions, the Board of Supervisors approved several key actions related to the County's housing and service delivery infrastructure for vulnerable individuals. One such action was the establishment of Project One for All, a commitment to provide intensive wraparound services to all individuals who are homeless with serious mental illness, upon the recommendation of Chairman Ron Roberts and Supervisor Greg Cox on February 2, 2016 (14).

Furthering the Board's goals of providing integrated housing and services, on June 28, 2016 (6) the Board of Supervisors authorized the submission of a proposal for a "Whole Person Care" pilot project through the California Department of Health Care Services, and to enter into any resulting contract with the State. The County has been notified that it will be funded to implement a Whole Person Care pilot project to be known as "Whole Person Wellness". The focus of Whole Person Wellness is to provide comprehensive system navigation for individuals with complex physical and/or behavioral health needs who are homeless or are experiencing unstable living circumstances. This set of circumstances results in high costs to Medi-Cal and other public systems due to frequent Emergency Department visits and lengthy acute hospital stays. This action to procure Whole Person Wellness services will be heard by the Board of Supervisors on December 13, 2016.

**IT IS, THEREFORE, staff's recommendation that the Behavioral Health Advisory Board support the recommendation to authorize procurement of one or more contracts to provide Whole Person Wellness services.**

## **II. BHS YEAR IN REVIEW**

For this final Director's Report in 2016, I am pleased to share highlights of major accomplishments from each team within Behavioral Health Services.

### **1. TEN YEAR ROADMAP (all teams)**

In July 2016, the Board of Supervisors accepted Behavioral Health Services' Ten Year Roadmap which detailed a comprehensive plan to address the most serious behavioral health issues affecting San Diego County and guide funding priorities (including Mental Health Services Act spending) based on community need.

This first version of the Roadmap identified 13 priorities developed from the collective feedback received from the Behavioral Health Advisory Board, BHS leadership, stakeholders, councils and other community partners through many avenues, including the 13 Community Forums held across the county in 2015 with nearly 900 stakeholders in attendance which included:

- individuals with lived experience
- family members, providers
- schools
- faith communities
- criminal justice and juvenile justice partners
- law enforcement
- healthcare and community organizations

The community engagement effort continued in the Fall of 2016 with 12 community forums and seven focus groups to further inform the Roadmap. The Roadmap will be a dynamic, living document, updated annually to incorporate new priorities from the above community partners. The Roadmap can be found on the Network of Care ([sandiego.networkofcare.org/mh](http://sandiego.networkofcare.org/mh)), click on "BHS Ten Year Roadmap".

### **2. ADULT AND OLDER ADULT (AOA) SYSTEM OF CARE**

#### **2.1 PERT Update**

In 1995, the Psychiatric Emergency Response Team (PERT) program began with one team consisting of a clinician paired with law enforcement. From 2008-2014, San Diego Police Department requests for PERT increased 79% and San Diego Sheriff's Department requests for increased by 62.3%. The program continued to expand based on community need and by the first six months of 2015, PERT operated with 23 teams throughout San Diego County.

In 2015, a total of ten new teams were added in collaboration with Public Safety Group (bringing the total number of teams to 33). In 2016, the following actions were approved to continue support of this valuable community service:

- Clinical staff salaries were increased
- Seven new teams were added bringing the total number of teams to 40.

Please see the table below for history of PERT statistics:

<b>Fiscal Year</b>	<b>Crisis Interventions</b>	<b>Community Services (education and/or referral for services)</b>
2013-14	2,332	13,708
2014-15	6,208	10,591
2015-16	4,953	14,013

## 2.2 Implementation of Laura's Law/Assisted Outpatient Treatment and IHOT Update

In April 2015, the Board of Supervisors approved the Laura's Law/Assisted Outpatient Treatment (LL/AOT) Implementation Plan which outlines a path to services for individuals with serious mental illness who demonstrate a resistance to treatment. Following the adoption of the Plan, two contract procurements for LL/AOT were released and awarded to the following providers, effective January 1, 2016:

- Telecare – AOT Assertive Community Treatment (FSP) / Full Service Partnership (FSP) contract for services (services began on April 1)
- UCSD – evaluation component of AOT project to include both FSP/ACT and In-Home Outreach Team (IHOT) contracts

As of October 1, 2016, 17 participants were referred (through IHOT) for evaluation of AOT services, of those:

- Thirteen individuals met criteria for Laura's Law and have voluntarily connected to services
- Two were connected to a higher level of care (conservatorship)
- Two were incarcerated

To date, there have been zero court-ordered petitions for treatment which demonstrates the fantastic work of our services providers who are able to successfully connect individuals to treatment on a voluntary basis, thus avoiding the need to begin the court-ordered process.

## 2.3 Tri-City and Palomar CSUs

In 2015, the Board of Supervisors authorized single source contracts for hospital-based Crisis Stabilization Units (CSU) in the Health and Human Services Agency (HHSA) North Coastal and North Inland Regions. In 2016, the North Coastal CSU contract was awarded to Tri-City Medical Center and the North Inland CSU contract was awarded to Palomar Health. Both contracts went into effect on July 1, 2016. Services for Palomar Health began on July 8 and services at Tri-City began on September 12.

CSUs provide intensive mental health crisis services to individuals who otherwise might have lengthy wait times for services in medical emergency rooms and/or be unnecessarily hospitalized. These individuals include:

- repetitive and high utilizers of emergency and inpatient psychiatric services,
- persons with co-occurring substance abuse disorders,
- persons needing medication management,
- persons whose presenting problems could be met with short-term (less than 24 hours) immediate care and linkage to community-based resources.

These individuals are less likely to require psychiatric hospitalization or medical care, but are in need of stabilization and linkage to ongoing community-based services. These CSUs will provide crisis intervention services, including integrated services for co-occurring substance abuse disorders. Additionally, they will focus on recovery and linkage to ongoing community services and supports and are designed to impact unnecessary and lengthy involuntary inpatient treatment.

### **3. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEM OF CARE**

#### **3.1 Pathways to Well-Being**

- The County of San Diego efforts were recognized with the 2016 Human Services Achievement Award by the National Association of Counties (NACo) for the positive impacts Pathways to Well-Being makes on the lives of children, youth and families through the provision of mental health screenings, assessments, linkage to appropriately matched service providers, and the development of the Child and Family Team (CFT). CFT is the heart of the Pathways to Well-Being program, and includes youth, caretakers, Protective Services Workers, behavioral health providers, and other professional and natural supports as identified by the youth and family.
- As directed by the Department of Health Care Services, effective July 1, 2016, the provision of medically necessary Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS), was expanded to all Medi-Cal beneficiaries under the EPSDT benefit.

#### **3.2 Crisis Stabilization Unit**

In 2016, Behavioral Health Services applied and received a \$1,791,000 grant from the California Health Facilities Financing Authority for the purpose of centrally locating and expanding the Children Youth and Families Crisis Stabilization Unit (CSU) currently located in Chula Vista. The CSU provides critical emergency services avoiding hospitalization, maintaining clients in the least restrictive environment and reducing pressure on emergency rooms and law enforcement.

The new modern facility will expand contract funded crisis stabilization beds from four to 12 and will be located in the Hillcrest area. Behavioral Health Services and County General Services staff formed a project team to develop the specifications of the new unit. A general contractor has been chosen, construction is scheduled to begin in January and the facility will be available in the late Fall 2017.

#### **3.3 CYF Special Events Summary**

From March through September 2016, CYF held the following celebrations:

- **March 3:** Convened the "Let's Talk About Sex Conference" focusing on sex and sexuality in children and adolescents.
- **March 12:** In collaboration with the San Diego Academy of Child and Adolescent Psychiatry, the San Diego Psychiatric Society, San Diego Chapter of the California Association of Marriage and Family Therapists and the San Diego Psychological Association, CYF coordinated the first annual "Critical Issues in Child and Adolescent Mental Health" conference.
- **May 4:** Coordinated the Second Annual Children's Mental Health Celebration. This year's theme was "Health, Hope and Happiness: Celebrating Children's Mental Health and Well-Being." The celebration included art created at CYF programs by children and youth

reflecting this year's celebration theme. The art is permanently displayed at BHS Administration Headquarters.

- **September 9:** CYF administration and CYF school-based providers participated in the annual San Diego County Office of Education "School attendance and Welfare Summit" and provided the *Art of the Warm Handoff: Connecting Youth and Families with Behavioral Health Services* breakout session. CYF contractors also hosted numerous resource tables.
- **September 22-24:** Convened the 7<sup>th</sup> annual "We Can't Wait" Early Childhood Mental Health conference.

#### 3.4 CYF Milestones and Accomplishments in 2016

- The CYF Council added a Managed Care Health Plan seat to its membership structure to address current system needs.
- The CYF Council added a Trauma Informed category to the Children's System of Care Principles.
- The majority of the CYF outpatient programs were enhanced or transformed into Full Service Partnerships (FSPs) to offer integrated services with an emphasis on whole person wellness to promote access to medical, social, rehabilitative, and other needed community services and supports. The model broadens the program scope to offer ancillary support(s), when indicated, by case managers, alcohol and drug counselors, rehabilitation specialists, and/or family/peer partners.

### 4. CLINICAL DIRECTOR'S OFFICE (CDO)

#### 4.1 Whole Person Wellness Pilot Grant Award

In response to a competitive grant offering from the California Department of Health Care Services, the Health and Human Services Agency submitted a grant proposal in Summer 2016 for a Whole Person Wellness Pilot project. San Diego's successful grant proposal, awarded October 24, 2016, was a collaborative effort among the County's Integrated Services Division, Behavioral Health Services, Medi-Cal Managed Care organizations, and multiple community partners.

Whole Person Wellness supports the County's *Project One for All* Initiative, and will focus on bringing enhanced wrap-around services to the most vulnerable residents of San Diego who are high utilizers of multiple systems including behavioral health services. Given the focus on Substance Use Disorders and Serious Mental Illness, Whole Person Wellness will provide BHS with the opportunity to build on current integrated service efforts to provide Whole Person Care to individuals and families in the BHS system. Dr. Michael Krelstein was appointed the Co-Chair of the Clinical Review Team along with Dr. Nora Faine, Medical Director for Molina Healthcare, to establish guidelines and criteria for project participant inclusion, and to provide ongoing quality oversight and consultation. A request to procure services for the Whole Person Wellness Pilot will be brought to the Board of Supervisors on December 13 with a prior recommendation sought from BHAB at the meeting on December 1.

#### 4.2 Clinical Director's Office Reorganization

Effective September 2, 2016, a Chief, Agency Operations position was added to the Clinical Director's Office (CDO) to oversee CDO activities such as Long Term Care, hospital Medi-Cal bed contracts, specialized residential treatment, Whole Person Wellness, workforce, education, Primary Care Integration, training, and *Project One for All*. The Behavioral Health Program

Manager for County Case Management institutional caseloads, along with six case managers, have been reassigned under the CDO's office. Institutional Case Management staff serve San Diego patients placed in long term care statewide. A new Administrative Secretary II also joined the CDO on September 11, 2016.

#### 4.3 Primary Care and Behavioral Health Integration Summit

The 7<sup>th</sup> Annual Primary Care and Behavioral Health Integration Summit will take place on December 8, 2016, at the Jacobs Center Celebration Hall. The main themes for this year's summit are Self-Care for Providers, Substance Use Disorder Treatment, and Suicide Prevention. Keynote speakers include Laura van Dernoot Lipsky, MSW, founder and director of The Trauma Stewardship Institute, Susan Writer, Ph.D., on Self-Care, and Bill Protzmann on Music as Self-Care. Breakout sessions include such topics as Question, Persuade and Refer (QPR) for suicide prevention, the Columbia Suicide Severity Rating Scale (C-SSRS), Medication Assisted Treatment and Use of Technology to Treat Addiction.

### **5. EDMOOR DISTINCT PART (DP) SKILLED NURSING FACILITY**

#### 5.1 Quality Services Shine

Edgemoor received one deficiency during its Annual Life and Safety Survey and earned a deficiency-free finding during its annual California Department of Public Health Survey. Both of these were the best results ever achieved in the history of Edgemoor. They are reaffirmations for the perfect CMS 5-star rating score and another year's listing on *US News & World Report's* Best Nursing Homes site. These results align with the County's goal for a Healthy, Safe and a Thriving community.

#### 5.2 Efficiency in Reporting

The Centers for Medicare and Medicaid Services (CMS) implemented a new reporting requirement effective July 1, 2016, called the Payroll Based Journal. The Payroll Based Journal is a formal document identifying every full-time and contract-agency caregiver and the days and hours worked at Edgemoor each quarter. It is a cumbersome report and one that originally required a full time position to keep up with the recordkeeping and documentation requirements. Staff was able to organically develop a computer program and work with the agency vendor to reduce the workload to less than five hours a week, while improving the accuracy of the data.

### **6. PREVENTION AND PLANNING UNIT (PPU)**

#### 6.1 Mental Health Awareness Month and Week

Each year, millions of people nationwide raise awareness and provide support to those living with mental health conditions. In addition to a number of local events, the County of San Diego also encouraged awareness on the part of all County staff to reduce stigma toward mental illness and increase wellness. Activities throughout the month of May included an online staff training, Mental Health First Aid training opportunities and a Mental Health Awareness Week campaign.

The week of May 9-13, 2016, included many activities for County staff to open the conversation about mental health challenges and support people in seeking help. Employees were encouraged to participate in daily mental health challenges such as wearing green remembrance ribbons, adding their name to Green Ribbon Walls, making a healthy choice and watching at least one PSA developed for youth by youth as part of the Directing Change film



contest. Approximately 17,000 green ribbons were distributed to County staff in support of the week.

#### 6.2 Community Participation

BHS employees took part in many outreach and community activities in 2016. There were over 30 events and resource fairs where employees provided information on BHS services to those in the community who might not otherwise know where to go for help. In addition, BHS employees participated in the Point in Time Count, Love Your Heart blood pressure screening, and acted as team captains for several fundraising/awareness walks.

BHS employees also played a role in organizing events such as Recovery Happens, NAMI Walk and Wellness Expo, Behavioral Health Recognition Dinner (BHRD), Community Engagement Forums, Community Alliance for Healthy Minds (CAHM) forum and helped organize Board of Supervisor recognition for students participating in the *Directing Change* film contest, which supports the statewide Each Mind Matters mental health movement.

The Prevention and Planning Unit also coordinated behavioral health presentations at universities and faith-based locations as well as participated in press conferences and presentations to the Board of Supervisors.

#### 6.3 Tip the Scale

The one-day operation, conducted in the cities of Lemon Grove and La Mesa, and parts of unincorporated Rancho San Diego – was the 20th Tip the Scale Operation conducted in the last seven years. Tip the Scale is a public health, public safety partnership with the Health and Safety Agency, Sheriff's Department and Probation Department.

Tip the Scale gives eligible drug offenders (addicted, chronic law breakers) a chance to break the cycle and get healthier. Many of the users are the ones breaking into homes and doing petty street crimes to support their addictions. This operation gives drug users the chance to get help through treatment, ultimately making our communities safer.

The goal of Tip the Scale is to steer drug offenders toward drug treatment resources and to make sure offenders on probation are in compliance. Drug treatment counselors were on hand during Tip the Scale, talking with offenders about their drug problems and how they might get their lives back on track in terms of drug treatment and counseling. At its heart, the intent of Tip the Scale has always been to link offenders more closely with other important community resources – including drug treatment, recovery programs and resources for independent living for better health.

#### 6.4 Live Well San Diego Partners and Advance

- In 2016, BHS welcomed five *Live Well San Diego* partner organizations (bringing our total partner count to ten), including:
- NAMI North Coastal
- Survivors of Torture International
- Pathways Community Services
- House of Metamorphosis
- RI International

Each of these organizations is committed to the *Live Well San Diego* vision of ensuring San Diego County residents are Healthy, Safe and Thriving.

*Live Well San Diego* held its first ever Advance on November 3, 2016. The event included networking opportunities and breakout sessions, and was designed to promote collaboration among *Live Well San Diego* partners. The event was attended by over 700 people, including several BHAB members.

## **7. SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL (SDCPH)**

### **7.1 Recognition by Joint Commission on Accreditation**

In February 2016, SDCPH received a 3-year Accreditation from the Joint Commission on Accreditation. Achieving accreditation is a strong statement about the continuous leadership and vigilance by staff to provide the highest quality patient services and a safe organization.

### **7.2 Recognition by Centers for Disease Control**

In October 2016, SDCPH was recognized by the Centers for Disease Control and Prevention (CDC) for their successful reduction of sodium by 16% in the menus served daily. This two-year project by the County of San Diego's Chronic Disease and Health Equity Unit with SDCPH food services helps patients enjoy the true taste of fresh foods while supporting healthy eating which aligns with Public Health and *Live Well San Diego* goals for disease prevention.

### **7.3 SDCPH Steps Up with HEART**

When the El Niño storms hit San Diego in January, flooding occurred at several County facilities, most notably at the Rosecrans Health Services Complex. Employees at Rosecrans and the immediately adjacent San Diego County Psychiatric Hospital (SDCPH) used creative strategies to ensure that outpatient medication dispensing was supported. As SDCPH, Medical Records and Pharmacy teams worked to move the Pharmacy and Medical Records operations into the hospital, a mobile library vehicle was loaned to impacted units by the County Library system. The large library van was set up outside the building to support outpatient medication dispensing without interruption. Kudos to the many people who supported this HEART-felt effort.

When the Alpine Special Treatment Center had to relocate all of their patients due to an environmental disaster occurring in late May 2016, SDCPH immediately arranged to house and support 36 psychiatric patients for ten days in early June. During their stay, the relocated patients and their accompanying staff were treated in a HEART-felt way.

## **8. QUALITY IMPROVEMENT (QI)**

### **8.1 Centralized Reports on New SharePoint Site**

QI staff created a specific SharePoint Site to post over 100 BHS mental health services related reports in an effort to centralize data and ensure accessibility for BHS staff to enhance monitoring. Reports include information on the Access and Crisis Line statistics, Emergency Services, Inpatient services, Crisis Residential programs, Long Term Care programs, Fiscal related information, and specific treatment service information provided to clients within the systems of care.



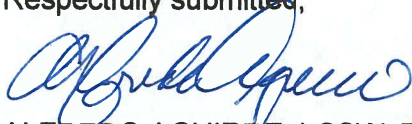
8.2 Prevention and Early Intervention Workflow Process

QI developed a workflow processes and provided trainings for contractors and BHS staff to ensure successful implementation of new Prevention and Early Intervention (PEI) program State regulations effective in 2016.

8.3 Outcome Measures and Tools Developed for New MHSA Innovations Programs

The QI team worked closely with their contracted evaluator to develop specific outcome measures and tools for each of the newly implemented MHSA Innovations programs. These measures will be used to determine if the Innovations programs are effective and to be continued within the BHS system of care after the initial three-year pilot phase. Initial progress reports from the Research Evaluator will be submitted by the end of this calendar year and annually thereafter.

Respectfully submitted,



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